



Improve the quality of life for  
individuals and families in need.  
Help people achieve safe, self-  
sufficient, healthy and secure lives.

## Strategic Plan 2006-2011: **Juvenile Rehabilitation Administration**

## Department of Social and Health Services

Dennis Braddock, Secretary\*

Liz Dunbar, Deputy Secretary

### Aging & Disability Services Administration

Kathy Leitch, Assistant Secretary

### Children's Administration

Uma Ahluwalia, Assistant Secretary

### Economic Services Administration

Deborah Bingaman, Assistant Secretary

### Health & Rehabilitative Services Administration

Tim Brown, Assistant Secretary

### Juvenile Rehabilitation Administration

Cheryl Stephani, Assistant Secretary

### Medical Assistance Administration

Doug Porter, Assistant Secretary

\* Office of the Secretary oversees Management Services, Financial Services, Information System Services, Communications, Government and Community Relations, Integration Initiative, Quality & Performance and Risk Management.

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**Photo Front Cover:** Learning Welding Skills at Green Hill School

#### **Purpose of This Document**

This strategic plan communicates how JRA will advance our mission and goals in a changing environment and meet our future challenges, so that we can better serve deep end juvenile justice system youth in our care. This document is a road map that guides the business policies and improvement strategies for our organization, employees and partners.

For more information about this document please contact Dan Robertson at (360) 902 8285 or by email at [roberd@dshs.wa.gov](mailto:roberd@dshs.wa.gov).

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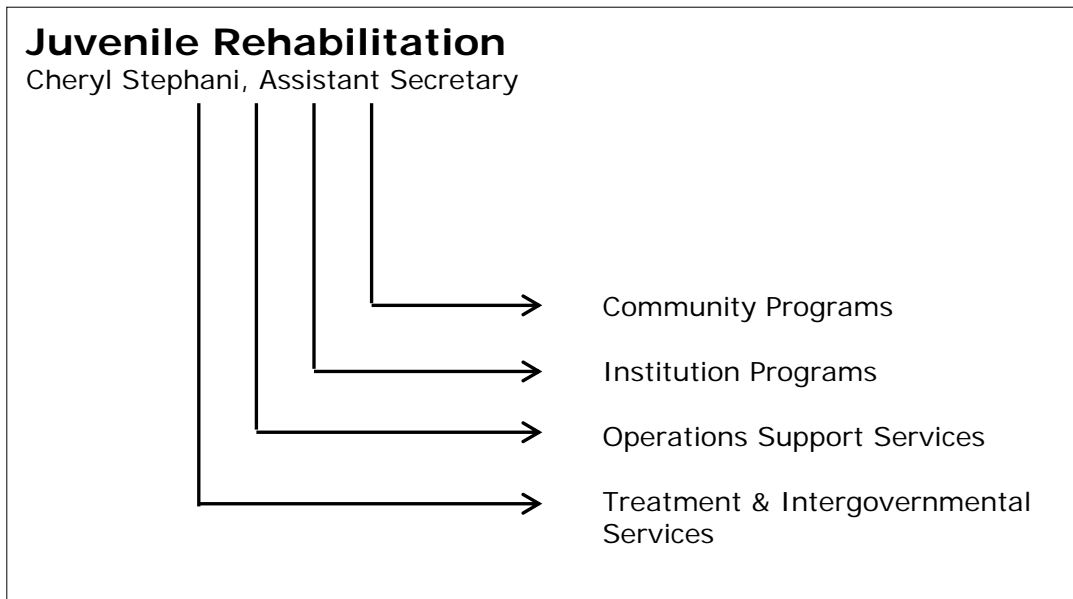
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# Executive Summary

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**The Juvenile Rehabilitation Administration** protects the public, holds juvenile offenders accountable for their crimes, and reduces criminal behavior through a continuum of preventative, rehabilitative, and transition programs in residential and community settings. About 70% of the 1,200 youth committed to the administration annually are chemically dependent. Over 60% need mental health services. During the next six years, the administration will focus on:

- Fully implementing an Integrated Treatment Model based on family centered and Cognitive Behavioral Treatment principles for youth in residential care using evidence-based interventions proven to reduce recidivism.
- Integrating family focused case management approaches for youth returning to the community
- Meeting the needs of youth with mental health issues and developing capacity to assist these youth in managing their mental illness



# Chapter 1 • Our Guiding Directions

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## **MISSION**

Our mission is to protect the public, hold juvenile offenders accountable for their crimes, and reduce criminal behavior through a continuum of preventive, rehabilitative, and transition programs in residential and community settings.

## **VISION**

We will contribute to the quality of life in Washington State through the use of our leadership, resources, and the commitment of our staff to strengthen communities and services to juvenile offenders

## **GUIDING PRINCIPLES/CORE VALUES**

### **Community Protection**

We believe protection and safety for victims, communities, staff, and juvenile offenders in our care is of principal importance.

### **Youth Accountability**

We require accountability of juvenile offenders demonstrated by an awareness of the impact of their crimes on victims and by their compensation to victims and communities.

### **Youth Competency Development**

We believe our interventions can help juvenile offenders change through developing competence in skills that result in socially responsible behavior.

### **Staff Development and Participation**

We value employees and the critical role they play in implementing our mission. We support diversity, training, career development, promotion, safety, and job satisfaction.

### **Program Accountability**

We believe in program and staff accountability measured by compliance with accreditation standards and evaluation of organizational goal achievement, efficiency, and effectiveness.

### **Collaboration with Stakeholders**

We value collaboration with stakeholders, communities, and families in policy development, planning, and service delivery.

## STATUTORY AUTHORITY

The Juvenile Rehabilitation Administration (JRA) is part of the Department of Social and Health Services (DSHS - Chapter 43.20A RCW provides statutory authority for DSHS) and administers facilities and programs for juvenile offenders. Article XIII of the State of Washington Constitution provides the basic legal authority for the JRA. Revised Code of Washington (RCW) Title 13, Juvenile Courts and Juvenile Offenders, and RCW Title 72, State Institutions, provide the primary statutory authority for facilities and programs. The specific statutory authority for many of these facilities and programs are identified below.

**Chapter 13.06 RCW: CONSOLIDATED JUVENILE SERVICES PROGRAMS:** Local court services to pre-commitment juveniles, and authority for alternative sentences for juveniles who are eligible for JRA commitment.

**Chapter 13.24 RCW: THE INTERSTATE COMPACT ON JUVENILES:** Establishes a process to ensure the provision of probation and parole supervision when adjudicated juveniles move between states. The Compact also provides for the return of non-adjudicated runaways, escapees, and absconders.

**Chapter 13.40 RCW: The JUVENILE JUSTICE ACT of 1977:** The 1977 Juvenile Justice Act establishes a system of accountability and rehabilitative treatment for juvenile offenders. The purposes of the Act are equally important and include:

- Protect the citizenry from criminal behavior;
- Provide for determining whether accused juveniles have committed offenses as defined in the Act;
- Hold the juvenile offender accountable for his or her criminal behavior;
- Provide for punishment commensurate with the age, crime, and criminal history of the juvenile offender;
- Provide due process for juveniles alleged to have committed an offense;
- Provide necessary treatment, supervision, and custody for juvenile offenders;
- Provide for the handling of juvenile offenders by communities whenever consistent with public safety;
- Provide for restitution to victims of crime;
- Develop effective standards and goals for the operation, funding, and evaluation of all components of the juvenile justice system and related services at the state and local levels;
- Provide for a clear policy to determine what types of offenders shall receive punishment, treatment, or both, and to determine the jurisdictional limitations of the courts, institutions, and community services; and
- Encourage the parents, guardian, or custodian of the juvenile to actively participate in the juvenile justice process

**RCW 13.80.010 through 13.80.050: LEARNING AND LIFE SKILLS CENTERS:** Alternative high school programs operated by school district staff, for JRA juveniles in community programs needing additional structure and individualized instruction.

**Chapter 28A.190 RCW: RESIDENTIAL EDUCATION PROGRAMS:** Establishes the authority and guidelines for school/educational programs within JRA.



**Chapter 72.05 RCW: RESIDENTIAL PROGRAMS:** Establishes the authority for the operation, supervision, management, and control of JRA residential programs.

**Chapter 72.16 RCW: GREEN HILL SCHOOL**

**Chapter 72.19 RCW: ECHO GLEN CHILDREN'S CENTER**

**Chapter 72.20 RCW: MAPLE LANE SCHOOL**

In addition, several federal courts have found that juveniles have a constitutional right to treatment rather than punishment alone. Morgan v. Sproat, 432 F. Supp.



## Chapter 2 • The People We Serve

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Walking and Talking on the  
Campus of Echo Glen Children's

### INTRODUCTION TO PROGRAMS

About 1,200 youth are committed annually to JRA by county juvenile courts. These youngsters are typically serious and violent offenders or youth with extensive offense histories who have not responded to local sanctions and interventions. JRA youth are very much at the *deep end* of delinquent behavior. Youth come to JRA with complex disorders that are the root of their criminal behavior and that require aggressive treatment interventions.

JRA provides a continuum of care for these youth that encompasses locked maximum and medium security facilities, staff secure minimum-security facilities, and aftercare parole. Services for these youth are provided within the context of JRA's cognitive/behavioral based **Integrated Treatment Model**.

### PROGRAM DESCRIPTIONS

#### Secure Residential Care

Youth committed to JRA begins their sentence in maximum or medium security care. JRA has three institutions with maximum and medium security housing (Green Hill School, Maple Lane School and Echo Glen Children's Center), one medium security forestry camp (Naselle Youth Camp), and a medium security military style basic-training camp (Camp Outlook). Approximately 900 youth are in secure care on any given day. Within an overarching context of cognitive/behavioral intervention, secure care services include quality academic programs, mental health management, DASA certified chemical-dependency treatment, sex offender treatment, vocational

and work readiness training, and cultural programming. An elemental goal of secure care is to prepare youth to manage their behavior in progressively, less restrictive settings.

### **Community Based Residential Care**

Youngsters in institutions may earn a minimum-security classification by demonstrating increasing responsibility and finish their sentences in a Community Residential Facility (CRF). CRF's, generally referred to as group homes, are places where JRA youth can fine tune the cognitive/behavioral skills they have learned in institutions, practicing in normal community settings such as regular high school or in the workplace. In addition to providing continuing treatment, CRF's provide an array of learning and growth opportunities for youth prior to release to aftercare parole including college placement, vocational training, work experience, and community service. JRA is also implementing a community-based residential program in the Spokane area referred to as the Residential Treatment and Care Program (RTCP). This program replicates the Office of Juvenile Justice and Delinquency Prevention blueprint Multi-dimensional Treatment Foster Care program. Up to 10 low-risk RTCP youths will be served in specially trained and supported care homes as an alternative to institutional placement.

### **Functional Family Parole Aftercare**

Virtually all JRA youth spend a period of time on Aftercare Parole when released from residential care. Parole ranges from 30 days for lowest risk youth, 20 weeks for medium risk youth, 6 months for highest risk youth, and 24 to 36 months for sex offenders. Approximately 800 youth and families are receiving Aftercare Parole services on any given day.

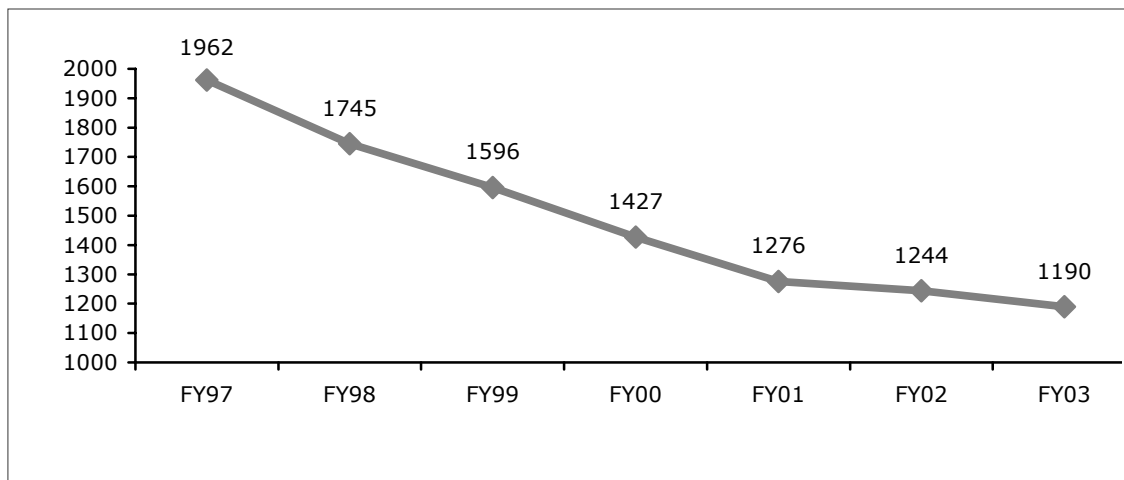
JRA recognizes that change begun in residential care will not be sustained unless it is supported in the family to which a youth returns. Accordingly, JRA gears aftercare services toward families rather than individual youth. Parole counselors are trained in a service delivery model referred to as *Functional Family Parole* (FFP). This model is based on the Federal Office of Juvenile Justice and Delinquency Prevention blueprint Functional Family Therapy model and focuses on techniques for motivating and engaging families in the rehabilitation process and teaching families to recognize and support positive changes made by youth. Parole counselors are also being trained to ensure a match between services to which families are referred and the particular relational dynamic within the family. Each parole region has a *Functional Family Parole* consultant on staff to advise and train parole counselors and ensure fidelity to the *Functional Family Parole* model.

## Chapter 3 • Environmental Context

### APPRAISAL OF EXTERNAL ENVIRONMENT

The most noteworthy external environment impact on JRA at this time comes from the downturn in the national and state economy and the effect this and other factors have had on revenues available to Washington State government. Significant reduction in General Fund State allocations to JRA resulted in the closure of Mission Creek Youth Camp in 2001 with the loss of 60 beds in JRA's continuum of care. Also, JRA's capacity to deliver parole aftercare services has been progressively eroded by budget cuts from 2001 through 2004. This has taken the form of a reduction in treatment coordinator positions; the elimination of case aide positions used to track and monitor parolees, transport youth to treatment, assist youth in meeting basic needs like housing and food; the loss of restorative justice work crews; and a 66% increase in Intensive Parole caseloads, Washington State's highest risk juvenile justice system youth.

A second external environment impact is the continuing reduction in the number of youth entering JRA care. This decline has been evident since 1997, as shown in the following graph:



Factors influencing the decline in JRA's population:

- All categories of juvenile crime have shown a downward trend since the mid 1990's, in Washington State as well as nationally
- By 2001, juvenile arrests for property crime were at the lowest point in three decades
- Fewer juvenile arrests has meant fewer juvenile convictions
- The decrease in juvenile convictions has resulted in fewer JRA commitments

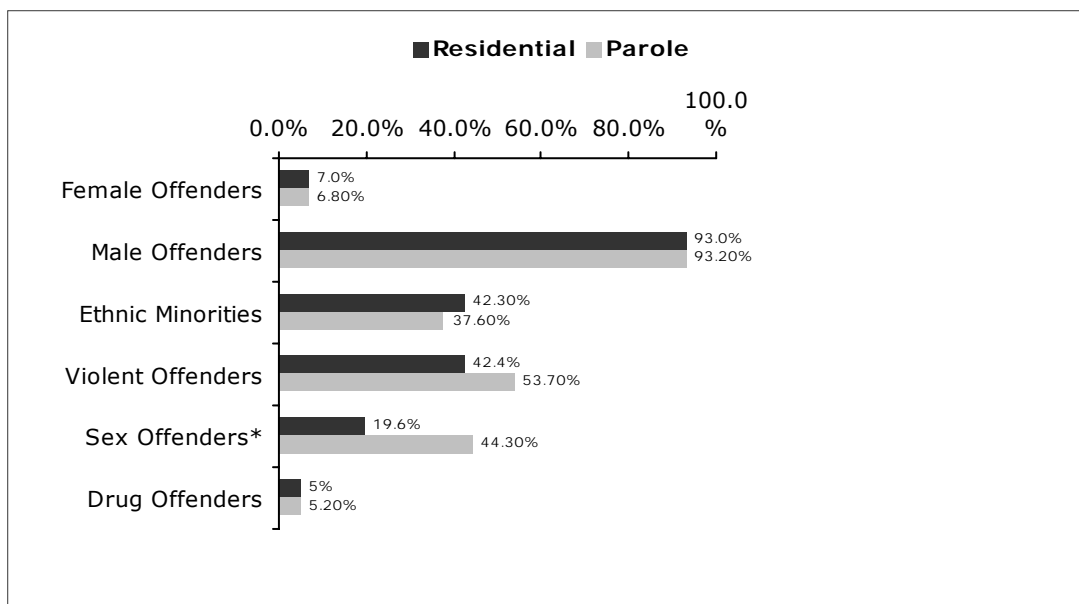
The decline in population has required serious reductions in residential rated capacity related to caseload forecasts. Indian Ridge Youth Camp was closed in 1999 because of caseload reductions with a loss of 60 beds. Since 2001, the rated capacity of Maple Lane School has been reduced by 80 beds, Echo Glen Children's Center by 32 beds, and Contracted Community Facilities (privately operated group homes) by 31 beds. A fourth 64 bed residential unit at Green Hill School has remained unoccupied since construction completion in 1999. The February 2004 Caseload Forecast suggests that JRA rated capacity could be reduced by an additional 50 beds by July 2004. Impacts to JRA's population are also created with the enactment of new community based sentencing and disposition alternatives. The implications of bed reduction within the JRA continuum of care, related to budget and population reductions, will be discussed in detail under the Challenges and Opportunities section of this document.

## TRENDS IN CUSTOMER CHARACTERISTICS

The county juvenile courts commit the most serious offenders in Washington to JRA. With rare exception, JRA clients have either been adjudicated for at least one serious or violent offense, or have an extensive history of lesser offenses. In the last several years, the profile of youth sent to JRA has seen several changes:

- Violent Offenders: 9.9% decrease since 1994
- Sex offenders: 0.4% increase since 1994\*
- Drug Offenders: 38.5% decrease since 1994
- Youths of Color: 0.2% increase since 1994
- Female Offenders: 24.2% increase since 1994
- Average Length of Stay: 15.8% increase since 1994
- DSHS Shared Services: Approximately 70% of JRA clients have received services from one or more other DSHS agency

Current population demographics include:



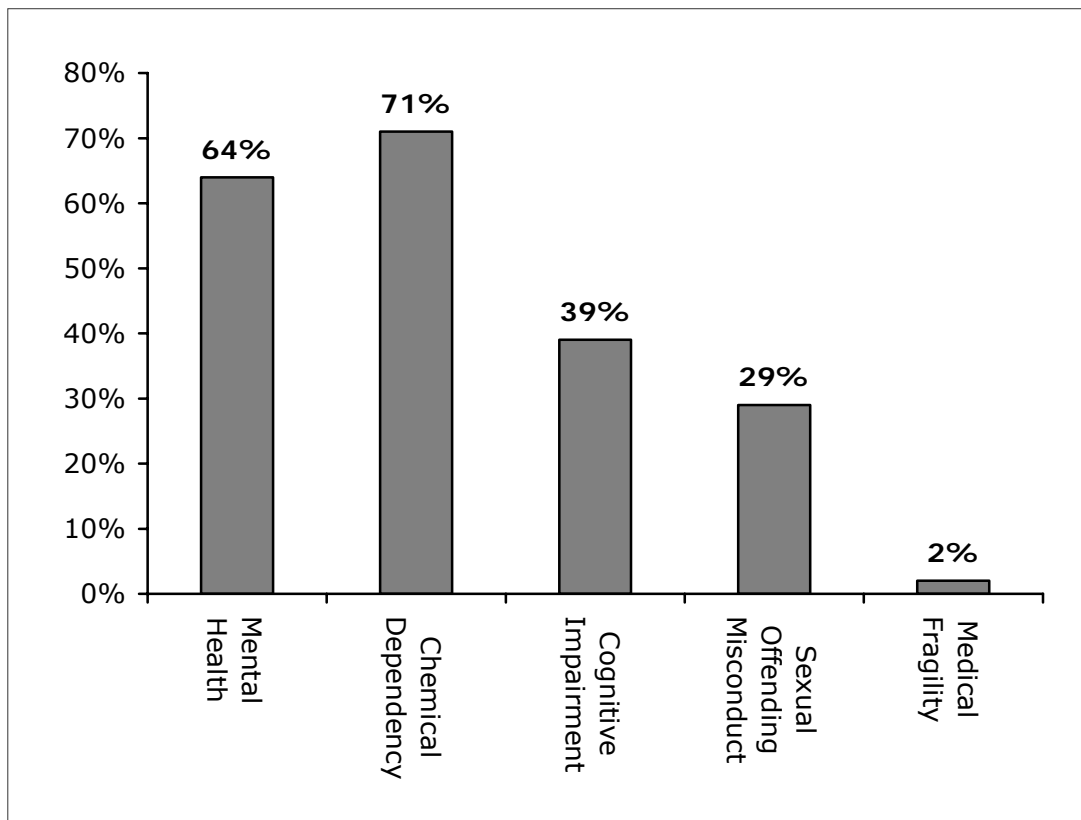
## SERVICE NEEDS

In October 2001, JRA brought a new generation Management Information system, the **Client Activity Tracking System (CATS)**, on line. Work continues in developing the capacity of CATS to capture important management information and to streamline and organize case reporting requirements. Nevertheless, using the information contained and organized in CATS to date, JRA has developed a whole new clarity of understanding regarding the acuity and complexity of service needs of youth who have come under our care.

CATS tracks the percentage of JRA youth who require services in the following acute disorder areas:

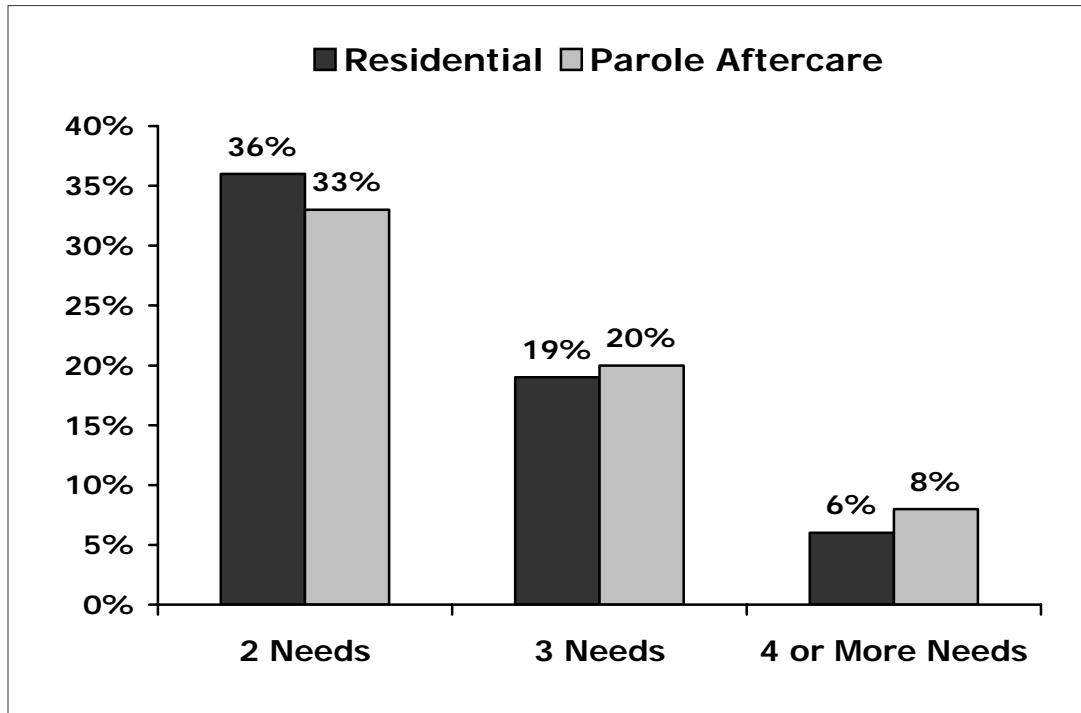
- Mental Health
- Chemical Dependency
- Cognitive Impairment
- Sexual Offending and Misconduct
- Medical Fragility

A typical snapshot of JRA youth shows the following services need pattern:



### Co-occurring Disorders

Over 60% of JRA youth, both in residential care and parole aftercare, have two, three or four of the disorders identified above. A recent snapshot illustrates the complexity of service needs among JRA youth:



### Mental Health Target Population

JRA has an identified Mental Health Target Population (MHTP). Youth in this sub-population meet one or more of the following classification criteria:

- A current DSM-IV Axis 1 diagnosis, **excluding** those youth who have a sole diagnosis of Conduct Disorder, Oppositional Defiant Disorder, Pedophilia, Paraphilia, or Chemical Dependency

Or

- Is currently prescribed psychotropic medication

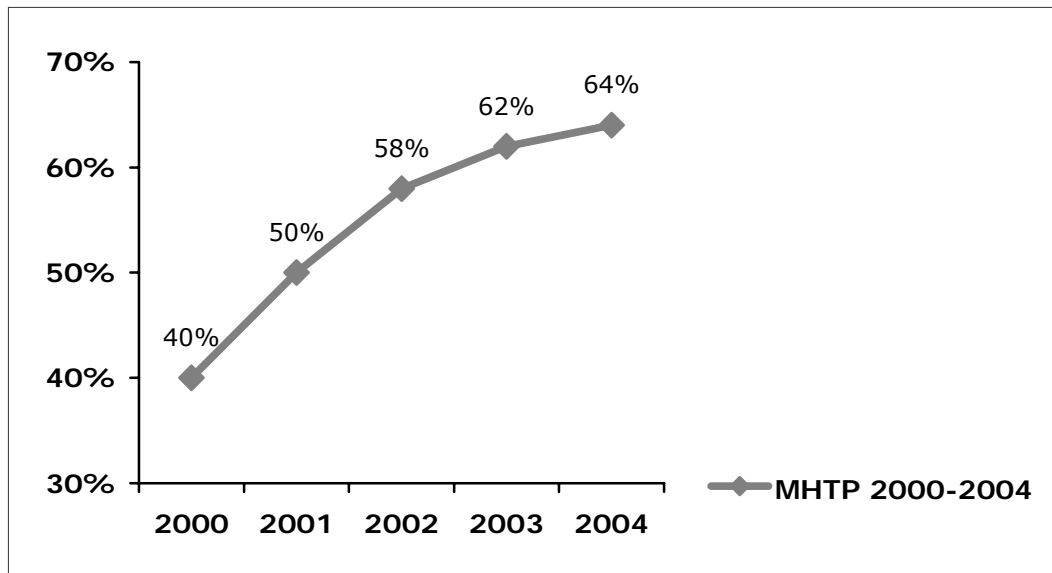
Or

- Has demonstrated suicidal behavior within the last six months

The MHTP is the most dynamic, in the sense of growing, sub-population in JRA care. When first applied to all JRA residential youth in September 2000, 40% of youth met criteria for inclusion in the MHTP. When repeated in July 2001, 50% of residential



youth met the criteria. Ongoing tracking of MHTP numbers in CATS through August 2004 shows a continuing growth in this sub-population:



Management and service delivery for the MHTP is complicated by the prevalence of co-occurring disorders also requiring treatment intervention. **In addition to having mental health disorders, approximately 90% of the MHTP have one, two or three additional service needs related to cognitive impairment, sex offender issues, chemical dependency, or medical fragility. Approximately 70% of MHTP youth had received mental health services – including hospitalization - prior to commitment to JRA.** It is evident that this population requires significant resources to meet treatment and safety needs as well as public safety requirements.

Given the acuity and complexity of treatment needs among the JRA population, implementing effective interventions and strengthening transition services from residential settings to the community is crucial for successful reintegration. As research and evaluation continues regarding what "works" to strengthen protective factors and reduce risk factors with youth in the juvenile justice system, JRA continues – within available resources - to modify and expand interventions and services to reduce repetitive criminal behavior. Re-prioritizing resources, seeking additional funding and strengthening collaboration with major partners continues to be necessary to address client needs.

## ACTIVITY LINKS TO MAJOR PARTNERS

### **Juvenile Justice Continuum:**

JRA and the 33 county juvenile court systems are major partners in implementing Chapter 13.40 RCW, the Juvenile Justice Act. While JRA services are provided at the end of the juvenile justice continuum of care, JRA administers the "Consolidated Contract" with the county juvenile courts to provide a variety of "front end" services to juvenile offenders including Community Juvenile Accountability Act programs and disposition alternatives for chemically dependent offenders and sex offenders.

### **Partnerships for research, evaluation, and program accountability:**

JRA has contracted with the Washington State Institute for Public Policy and the University of Washington on projects designed to determine program success. These projects include evaluation of risk assessment tools and the effectiveness of Community Juvenile Accountability Act programs, the Chemical Dependency Disposition Alternative, Intensive Parole Services, the Basic Training Camp, Mentoring Programs, Dialectical Behavioral Therapy, and enhancing mental health service.

### **Partnerships for service delivery to youth committed to JRA:**

In a time of decreasing funds and increasing demands on service delivery and program accountability, JRA continues to pursue partnerships with other agencies and DSHS administrations. Collaborating with other DSHS administrations and local governments/agencies to meet clients' needs is of critical importance in the JRA continuum of care. This is driven by the increase in clients with mental health issues, clients without post-release placement, clients requiring chemical abuse or dependency treatment, and the need to continue to strengthen transition services.

JRA works in partnership with Regional Support Networks (RSN's) throughout the state to ensure continuity of mental health care for Mental Health Target Population youth transitioning from JRA residential care to parole aftercare. Youth leaving JRA are connected with the RSN serving their home community for assessment, psychiatric care, and ongoing medication management. JRA partners with the Division of Alcohol and Substance Abuse to provide certified in-patient chemical dependency treatment at two institutions and to connect aftercare parole youth with appropriate community-based chemical dependency treatment.

In response to Secretary Braddock's No Wrong Door initiative, JRA is involved in collaborative projects with Children's Administration (CA) and other DSHS administrations across the state. These projects involve a multi-disciplinary approach for case management and service delivery for shared clients and their families. These collaborations include the development of a more integrated and better-coordinated approach by JRA, CA, and the Health and Rehabilitation Services Administration (Mental Health Division) to serving the mental health needs of children and families connected with all three administrations.

Also, JRA is also working in partnership with the University of Washington to deliver structured transition services for MHTP youth with co-occurring chemical dependency issues. The partnership is referred to as the *Family Integration Therapy Program*. Providers trained and supervised by the University of Washington deliver Multi-systemic Therapy as the primary treatment modality, with secondary elements of Motivational Enhancement Therapy, and Dialectical Behavior Therapy. Work with youth and families begins two months before youth leave residential care and

continues for four to six months in the community.

**Partnerships with the education community:**

JRA is working in partnership with school districts in Snoqualmie, Rochester, Chehalis, and Naselle to provide on campus high school and vocational education to institution youth. Both Maple Lane School and Green Hill Training School work in partnership with The Evergreen State College to provide on campus college level coursework for JRA youth. Learning Centers where JRA parolees can work on high school credit and GED preparation are operated in Tacoma, Seattle, Everett, and Yakima, and Spokane in partnership with local school districts.

In 2003, JRA became affiliated with the Corrections Learning Network (CLN). JRA initially received a \$35,000 grant from CLN to purchase and install satellite dishes and video recording equipment at all of JRA's institutions, community facilities, and regional offices. Because of JRA's commitment to working with CLN, we became one of three full partners and received a \$100,000 grant that will be used to develop professional training videos to support JRA's new Integrated Treatment Model. The partnership developed with CLN has greatly enhanced JRA's ability to provide additional educational opportunities for youth in our residential programs as well as offering a wide variety of professional training opportunities for JRA staff.

Additionally, JRA's Sunrise Community Facility in Ephrata partners with the Columbia Basin Job Corps program to provide vocational training for JRA youth. In 2003, the 100<sup>th</sup> JRA youth graduated from the program with a marketable job skill.

## **STAKEHOLDERS INPUT**

JRA's strategic goals and priorities have been shared broadly with stakeholders including legislators, judges, juvenile court administrators, prosecutors, the defense bar, victims advocacy groups, educators, and advisory committee members. There is strong support among stakeholders for the Integrated Treatment Model implemented by JRA and the overall priority of using research-based interventions. Stakeholders also recognize the need for involvement of families in the rehabilitation process, particularly as youth transition back to home communities from residential care. JRA's shift to family focused aftercare from offender focused aftercare and JRA's Functional Family Parole is viewed as an important development. Many families have voiced their support of the Functional Family Parole model and credit the services they have received with creating very positive communication and change within their homes.

## **FUTURE CHALLENGES AND OPPORTUNITIES**

### **Doing the Right Thing**

JRA has an opportunity that was never more real to truly make a difference in the lives of *deep end* juvenile justice system youth. The depth of information accessible via CATS regarding client service needs is unprecedented. Also, a research-based understanding of interventions that really work to meet those needs and reduce criminal recidivism by young people has come of age. JRA is vigorously responding to the challenge of applying evidence-based interventions in the care of youth with clearly acute and complex service needs. A primary focus for JRA is full implementation of the Integrated Treatment Model (ITM). JRA has been in the

process of implementing the ITM since September 2002. The ITM is founded on evidence-based Cognitive Behavioral Treatment. Evidence-based components of the ITM in residential care include:

- Cognitive Behavioral Skills Training
- Dialectical Behavior Therapy
- Aggression Replacement Training
- Multi-disciplinary Case Management



Youth are released from residential care to Functional Family Parole (FFP) aftercare. FFP is based on the federal Office of Juvenile Justice and Delinquency Prevention blueprint Functional Family Therapy model. This intervention focuses on techniques for motivating and engaging youths' families in the rehabilitation and reintegration process by showing families how to recognize and support positive changes made by youth. Integrated Treatment Model elements in FFP include:

- Multi-disciplinary Case Management
- Functional Family Therapy
- Family Integrative Therapy
- Aggression Replacement Training and Dialectal Behavior Therapy skills reinforcement
- Mentorship Programs

### **Achieving the Right Outcomes**

Elements of the Integrated Treatment Model have demonstrated significant reductions in felony recidivism in preliminary studies conducted by the Washington State Institute for Public Policy. Dialectical Behavior Therapy, for example, has reduced 12-month felony recidivism rates by 58% with projected cost savings of \$50

for every dollar spent. The JRA Aftercare Parole Mentorship Program has reduced 12-month felony recidivism by 34% with projected cost savings of \$7.68 for every dollar spent.

Nevertheless, great challenges remain. Foremost, is the challenge of maintaining a continuum of care that is consistent with the developmental, treatment and security requirements of JRA youth.

### **Maintaining the Right Continuum of Care**

JRA's continuum of care has been stretched to the limit since the closure of Indian Ridge Youth Camp in 1999 and Mission Creek Youth Camp in 2001. Closing another facility would seriously impede JRA's capacity to deliver effective rehabilitative services.

First, further shrinking of JRA's institutional continuum would require mixing incompatible sub-populations, resulting in genuine safety and security risks. It would not be safe, for example, to mix the older more sophisticated youth at Green Hill School with the younger boys and girls currently at Echo Glen Children's Center; likewise with the mental health population at Maple Lane School. In general terms, the potential for victimization of younger and less sophisticated youth is directly proportional to the proximity of older more sophisticated youth. Neither would it be consistent with community safety to place youth who would be better served in a secure institution in a relatively open medium security facility like Naselle Youth Camp, nor to place youth who are appropriate for youth camp placement in an unnecessarily restrictive setting like an institution. A "bed" is not just a bed. It is a facility placement for a young person. Unless the services and environment in a facility support and match the developmental, treatment, and security needs of the young people being served, there is genuine potential some will be harmed rather than helped.

Second, the loss of another institution would almost certainly result in overcrowding in remaining facilities. Overcrowding would gravely erode JRA's capacity to deliver quality, evidence-based programming. The priority in overcrowded institutions is always maintenance of a safe environment. In realistic terms, this means that the immediate focus of staff activity is behavior management rather than behavior-changing treatment intervention. Overcrowding residential programs severely limits staff's ability to coach, teach, mentor and provide skills training to youth and diminishes JRA's opportunity to provide effective evidence based treatment programs that reduce recidivism. Overcrowding also increases the number of sleeping rooms that will require double bunking of youth. Double bunking increases the risk and potential for peer to peer victimization and creates vulnerabilities related to tort liability. This is additionally concerning since JRA's double bunking level is already above the best practice stated by the American Correctional Association.

Third, there is growing support in Washington State for retaining youthful offenders locally for supervision and treatment as an alternative to commitment in JRA when doing so would be consistent with public safety and the service needs of youth can be met with local resources. The Sex Offender Disposition Alternative and Chemical Dependency Disposition Alternative are well established in Washington. In 2003, a Mental Health Disposition Alternative was enacted by the legislature. Sentencing Option B that allows juvenile courts to retain youth locally under suspended JRA commitment was re-established, and a local detention based alternative to JRA commitment was established as a pilot program. Except for the detention based

alternative, retaining youth locally is a trend that JRA supports. Keeping youth in their home communities offers the greatest potential for meaningful and important family involvement in the rehabilitation process. In general terms, intervening with youth in their home communities is preferable and offers greater potential for success.

However, local alternatives to JRA commitment are realistic options for lowest risk youth with low severity and acuity of service needs. As disposition alternatives become more established, JRA is the option of choice for the highest risk youth with the most serious, complex, and multiple service needs. In effect, the Washington State juvenile justice system youth who present the greatest management and service intervention challenges are concentrated in the JRA continuum of care. JRA must retain a continuum of care capable of responding to the complicated developmental, management, and treatment needs of this population.

With the decrease in JRA's residential population, Green Hill School and Maple Lane School have available bed space. In a period of revenue decline, it can be an attractive consideration to achieve savings by closing a JRA institution and consolidating population in the bed space of remaining facilities. This, however, is a far from practical consideration in light of the client safety issues and program losses that would be result from mixing sub-populations and overcrowding.

Therefore, a most significant challenge faced by JRA is to effectively articulate the critical need for maintaining the existing continuum of care and to develop stakeholder support and secure the resources to do so.

An opportunity has been taken to put some of JRA's available bed space to suitable use. Negotiations with the Department of Corrections (DOC) to locate their Youthful Offender Program (YOP) at Green Hill School have been finalized and the transfer will take place effective July 1, 2004. Young men under 18 years of age who have been tried and sentenced as adults are currently placed in the youthful offender program at the Clallam Bay Correctional Center. There is general agreement that JRA is better equipped to provide developmentally appropriate services to youth under eighteen years of age. In support of this, JRA has accepted YOP youth for placement at Green Hill School under the interagency agreement. As many as 22 YOP youth have been in residential status at Green Hill School. After July 1, 2004 that number will rise to approximately 35. Additionally, Echo Glen Children's Center has long been the placement for females under 18 years of age who have been tried and sentenced as adults. Approximately 6 young women serving adult sentences are housed at Echo Glen on any given day. Ultimately, JRA is interested in housing and providing developmentally appropriate services to all DOC youthful offenders. DOC youth, male and female, who are served in JRA under the interagency agreement, are returned to DOC custody when they reach the age of eighteen.

## Chapter 4 • Goals, Objectives, Strategies and Performance Measures

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Camp Outlook Youth  
Overcoming Obstacles

JRA serves Washington's most troubled youth. The five goals for this planning period are related to improving the lives of these young people and preparing them for adulthood that is marked by confident, competent, and responsible citizenship.

### **A. IMPROVE CLIENT HEALTH AND SAFETY – PUBLIC VALUE**

**Goal:** Protect the health and safety of youth and employees in JRA

**Objectives:**

- Establish mentor/mentee assignment as an element in new employee orientation
- Integrate cognitive behavioral therapy as the primary intervention in the JRA continuum of care to shape proactive/productive responses to problem situations
- Develop and implement 10 year Capital Master Plan that identifies populations trends, projects service needs, aligns with national program and care standards, specifies staff qualification and training needs, details optimal living unit size, and identifies staff to client ratios required for effective service delivery. Complete planned capital improvement projects in institutions and residential facilities.

**Strategies:**

- Cultivate an environment that supports and improves the lives of juveniles and employees
- Invest in capital improvements that support safety, security, and therapeutic programming

**Measures:**

- Satisfaction survey of mentored staff
- Staff survey satisfaction scores related to workplace safety
- Number of youth assaults
- Number of staff assaults

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☐Public ☒Customer ☐Financial ☐Internal ☒Learning & Growth

**B. IMPROVE CLIENT SELF-SUFFICIENCY – PUBLIC VALUE**

**Goal:** Maintain a strong continuum of care for juveniles that encourage and facilitate active family involvement and reduces repetitive criminal behavior

**Objectives:**

- Complete staff training in Integrated Treatment Model and conclude model implementation across the JRA continuum of care
- Implement JRA Mental Health Systems Design within available resources
- Increase number of youth and families engaged in evidence based programming
- Broaden JRA/CA collaboration on service delivery to shared youth to all regions

**Strategies:**

- Implement a cognitive/behavioral based Integrated Treatment Model across the JRA continuum of care
- Provide appropriate supervision, treatment and case management services to JRA special needs population youth on residential and parole status
- Implement evidence based services focusing resources on early intervention with at-risk youth and family focused aftercare transition for committed youth
- Expand *Troubled Children and Their Families* – collaboration between JRA Parole Services, Children's Administration and other DSHS agencies to all six regions
- Anticipate and exercise a planned approach for placement of youth in need of placement

**Measures:**

- Percentage of staff trained in Integrated Treatment Model
- Recidivism related to discrete Integrated Treatment Model interventions
- Future mental health hospitalizations for Mental Health Target Population youth



- Percentage of client involved and achieving in the education system
- Percent of clients stably involved in the workforce
- Protocols in place for transition of hard to place youth

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☒Public ☒Customer ☐Financial ☒Internal ☐Learning & Growth

## C. IMPROVE CUSTOMER SERVICE

**Goal:** Improve customer focus

### **Objectives:**

- Establish public information outreach plan for JRA communication to media, constituent, and stakeholder groups
- Recruit diverse judicial, media, education, business, corrections, non-profit social services, religious, and government professionals; victims of youth crime, and family members of committed youth actively serve on JRA Advisory Committee and advocate services and resources for JRA youth
- Develop partnerships to increase JRA consultation with the community
- Develop a decision package in collaboration with victim advocates for services to victims of juvenile sex offenders and outreach to new victims disclosed during sex offender treatment

### **Strategies:**

- Increase public support for treatment and community reintegration of committed youth
- Develop a advisory committee who will provide JRA with a broad external perspective and advocate for programs that meet the treatment needs of youth in the JRA system
- Educate public on JRA services to committed youth and communities via media releases and public information forums
- Respond proactively to the needs of victims of juvenile crime

### **Measures:**

- Frequency of public information outreach activities
- Number of public information forums hosted in JRA institutions and regional parole offices
- Service structure for victims of juvenile sex offenders in place and protocols for contacting newly disclosed victims operational

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☒Public ☒Customer ☐Financial ☐Internal ☐Learning & Growth

## **D. IMPROVE QUALITY ASSURANCE AND SUSTAINABILITY – INTERNAL PROCESS**

**Goal:** Improve program accountability

### **Objectives:**

- Identify reporting needs for Integrated Treatment Model and include in Client Activity Tracking System
- Develop meaningful adherence and outcome measures for Integrated Treatment Model effectiveness
- Revise JRA Bulletins to reflect programmatic and continuum of care changes resulting from implementation of Integrated Treatment Model
- Implement a quality assurance program to enhance and monitor compliance with JRA policies and procedures

### **Strategies:**

- Automate program reporting requirements
- Evaluation of Integrated Treatment Model effectiveness and consistency across the JRA continuum of care

### **Measures:**

- Changes in reporting requirements included in client Activity Tracking system
- Evaluation measures for integrated Treatment Model identified and implemented
- Currency of JRA Bulletins

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☐Public ☐Customer ☐Financial ☒Internal ☐Learning & Growth

## **E. IMPROVE WORKFORCE DEVELOPMENT AND DIVERSITY – INTERNAL PROCESS**

**Goal:** Enhance human resource development

### **Objectives:**

- Increase underrepresented group employment at all levels in JRA to enhance capacity for delivery of culturally appropriate services and interventions for youth in JRA care
- Improve staff retention rates
- Implement staff mentorship program to develop candidate pools for management vacancies in JRA
- Design staff development planning tool and training schedule
- Increase in staff satisfaction with communication levels within administration
- Develop and implement JRA staff recognition program with local and administration wide components that meaningfully acknowledges staff achievements
- Design and implement succession and retention plans

### **Strategies:**

- Recruit and retain and promote diverse, quality staff
- Invest in employees

- Improve communication throughout the administration to improve service delivery to youth and public
- Recognize and acknowledge the quality work achieved by JRA staff

**Measures:**

- Percentage of underrepresented group employees in each JRA employment category
- Number of staff connected with management mentorship
- Design of staff development planning tool and training schedule completed
- Staff survey satisfaction scores related to communication

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☐Public ☒Customer ☐Financial ☒Internal ☒Learning & Growth



## Chapter 5 • Organization Assessment Summary

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### PERFORMANCE ASSESSMENT

- JRA continues to move forward with the implementation of the research-based Integrated Treatment Model based on family centered Cognitive Behavioral principles for youth in residential care and family focused case management approaches for youth returning to the community.
- Preliminary studies by the Washington State Institute for Public Policy show significant felony recidivism reductions and cost benefits with two elements of JRA's integrated treatment model, Dialectical Behavioral Therapy and Mentoring.
- JRA's Integrated Treatment Model approach is unique in the nation and has drawn attention from numerous states and also international interest.
- JRA continues to meet the needs of Mental Health Target Population youth within available resources. JRA's Mental Health Systems Design has not been fully funded. Advocating for resources to serve this needful population is an ongoing challenge for JRA.

### FINANCIAL HEALTH ASSESSMENT

JRA's residential population is forecasted to increase in the 2005-07 biennium. The forecast was revised upward due to youth having more serious offenses and a corresponding longer length of stay. Additional capacity will be opened to meet this forecasted increase which will require increased funding of residential staff as well as parole staff and diagnostic assessments.

Current data reflects that the youth committed to the department have multiple service needs that require additional resources. Since 2002, the institution population requiring mental health services has increased by 38 percent and youth with history of chemical dependency requiring treatment services have grown by nearly 30 percent. JRA is requesting increased funding to provide treatment services for the current and projected population of youth requiring essential mental health services. Accessing resources to meet the treatment and supervision needs of these youth must remain an ongoing priority for JRA.

The federal funding of the Juvenile Accountability Incentive Block Grant for the 2005-07 biennium is uncertain at this time. The grant has received numerous reductions over the past several years and the President's proposed budget eliminates the grant in its entirety. The grant funds the co-occurring disorder program which provides evidence based counseling to high risk youth who have both mental health and substance abuse issues in an effort to transition them back into the community. This program will be eliminated unless state funds are appropriated.

## **COST REDUCTION STRATEGIES**

JRA's movement to research based programs and the upfront investments needed to insure quality adherence and provide an information infrastructure to track the outcomes is expected to generate savings to the state over time through reduced recidivism.

JRA has implemented a number of cost reduction and efficiency strategies in the day to day operations and continues to look for opportunities to improve business practices. A few examples of improved business processes are listed below:

- Centralization of community facility placements
- Development of a formulary for psychotropic medications
- Investment in energy projects
- Automation of forms which increases staff efficiency
- Support DSHS Regional Business Services projects

## **AGENCY SELF ASSESSMENT**

**Strengths** – three areas in which the agency is doing well.

1. Leadership
2. Strategic Planning
3. Customer focus

**Opportunities** - areas in which the agency plans to focus its internal organizational improvement efforts in the coming year.

1. Human Resource Focus
2. Performance Results
3. Information and Analysis

### **How opportunities will be addressed:**

JRA's major HR focus is retention of case managers. A retention plan has been developed and the administration is actively supporting inclusion of JRA case managers in the Social Worker Class Series with a more attractive salary level

JRA is developing adherence and outcome measures for evidence based treatment interventions which will provide accurate data related to treatment effectiveness in terms of reducing criminal behavior and related future cost savings

JRA continues to develop information management and analysis capacity as we move forward to greater implementation of the Client Activity System (CATS)

## Chapter 6 • Capacity Assessment Summary

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### **INFORMATION TECHNOLOGY PLAN**

Juvenile Rehabilitation Administration's Client Activity Tracking System (CATS) is the information system in place to meet legal notification requirements, case management, as well as maintain all other data necessary to ensure accountability to the client and public. The system is supported by a small team, which not only maintains the existing legacy system, but attempts to develop expanded functionality, e.g., automation of the Integrated Treatment Model. The team is currently unable to meet JRA's new requirements for two reasons: 1) the existing database is antiquated and difficult to expand, and 2) the size and complexity of the requirements exceed the resources available to the team. Without major modifications to the CATS database and increased staffing, the CATS team will be unable to deliver ITM modules as needed to support the current implementation of ITM.

Under the current database structure, CATS is at significant risk to remain unavailable for an extended period of time if there is a virus attack. Given the system's reliance on outdated database software, immediate remedies may not be available. The CATS system is critical to the day-to-day operation of JRA.

Funding is requested for an ITM Automation Project which is designed to meet two primary goals: 1) the legacy database is completely converted to SQL and prepared for further expansion, and 2) the remaining ITM modules are developed and implemented. Modules built to support ITM case management will provide necessary data for reporting to DSHS management and Legislature on the success of the ITM initiative.

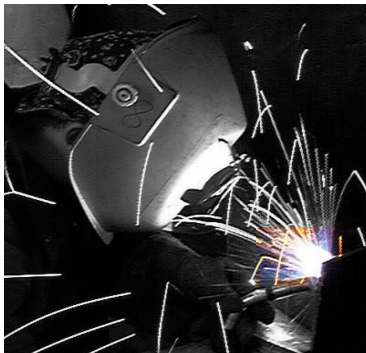
### **SUCCESSION OR WORKFORCE DEVELOPMENT PLAN**

- JRA's Succession Plan (incorporated with Retention and Recruitment) was finalized in July 2004 and is available for review. JRA's leadership succession activities will lean heavily on mentoring current staff and development of leaders who can move the administration forward in the implementation of evidence-based and cost effective interventions with deep end juvenile justice system youth.









This document is also available electronically at:

[www1.dshs.wa.gov/strategic](http://www1.dshs.wa.gov/strategic)

Persons with disabilities may request a hard copy by contacting DSHS at: 360.902.7800, or TTY: 800.422.7930.

Questions about the strategic planning process may be directed to DSHS Constituent Services at: 1.800.737.0617.

Washington State  
**Department of Social and Health Services**  
P.O. Box 45010  
Olympia, WA 98504-5010  
[www.wa.gov/dshs](http://www.wa.gov/dshs)

